

South Arkansas Community College
Health Sciences Program Application
Emergency Medical Services
Surgical Technology
Phlebotomy

Admission to South Arkansas Community College and the above listed Health Science programs is based on the established criteria for each individual program. After all criteria have been met, applications may be picked up to be filled out and returned to the Health Sciences Division. Applications may be picked up in the Health Science Division office.

Instructions for completion of application packet:

1. Please follow all directions carefully. The application will not be complete without all required information. Partial applications will not be accepted.
2. Use the transcript release form that is provided to request **all official transcripts** from any high school, colleges and universities, technical or trade schools previously attended. If you need to obtain a GED transcript, please submit your request to the AR GED Testing Office, Three Capitol Mall, Room 200, Luther Hardin Building, Little Rock, AR 72201-1083. Copy the transcript release form if you need more than one. You will need to check with your school to see if there is a fee for transcripts. **The Health Sciences office will not obtain student transcripts, the student must provide them.**
3. Three recommendation forms are provided in this packet. Ask your recommender to complete the form and return it to the Health Sciences Department by mail, or the student may bring the form back in a sealed envelope with the recommendation originator's signature across the back flap. **Recommendation forms are not required for the Phlebotomy Program.**
4. If your program requires the HOBET V exam for admission, you will need to take the test before you turn in your application. You will not be allowed to take the exam until you have obtained approval from Ms. Heather Smith, Ms. Caroline Hammond, or your Program Director. Contact Ms. Smith at 870.875.7233 ext. 207 for all HOBET V information.
5. The student will be notified by the Program Director or program faculty if an interview will be scheduled for the Health Science program to which you are applying.
6. Each completed application packet will be date stamped when the application is returned to the Health Sciences office.
7. If you need additional information, please contact Ms. Heather Smith at 870.875.7233, ext. 233. Nursing and Surgical Technology applicants may also contact Ms. Amelia Roberson at 870.862.8131 ext. 118 for nursing and Ms. Michelle Brandon at 870.864.8424 ext. 424.
8. A background check is required for admittance into ALL SouthArk Health Science programs. The cost of the background check is \$53 and is paid directly to American Data Bank. **DO NOT complete a background check until instructed to do so by your Program Director.**

Medical History Requirements:

Please Note: Upon acceptance into a Health Science Program students are required to provide:

1. Proof of PPD skin test or evidence of a negative chest x-ray if skin testing is positive or not allowed.
2. Proof of Hepatitis B immunization upon entry or a signed declination statement.
3. Proof of immunity to varicella or a signed declination statement. Proof may consist of 1) proof of vaccination, 2) statement of physician verifying that student had varicella, or 3) varicella antibody titer indicating immunity.
4. Influenza virus vaccine
5. Current American Heart Association CPR certification
6. Physical examination
7. Drug screen

The following information is optional and used for statistical and affirmative action purposes. It does not affect eligibility for admission.

Date of Birth ____/____/____

Sex: Male ____ Female ____

Predominant Ethnic Background (check one)

_____ American Indian/Alaskan Native

_____ White/Non-Hispanic

_____ Asian or Pacific Islander

_____ Black/Non-Hispanic

_____ Other _____

_____ Prefer not to respond

Employment Information:

Include all employment within the past five years beginning with the most recent.

Employer	City/State	Job Responsibilities	Dates From To	Reason for Leaving

Criminal Background

Personal: Have you ever been convicted of a felony? _____ Yes _____ No

Have you ever been convicted of a misdemeanor? _____ Yes _____ No

Have you ever been convicted of child maltreatment? _____ Yes _____ No

IF ANY ANSWER IS YES, PLEASE ATTACH EXPLANATION

Educational History

List in chronological order all Colleges, Universities, Vocational, Private, or any other institutions of higher learning previously attended.

*Use the transcript release form to request transcripts from any schools listed below.

Name of Institution	City	State	Dates Attended	Total Credit Hours

If **currently enrolled** in any of the above institutions, list all courses you are taking at this time. **Final transcripts** will be required prior to enrollment.

Course	Credit Hours	Course	Credit Hours

Personal Statement (Autobiography)

In your own handwriting, please explain why you are seeking admission to a Health Science program. Include any information that you feel would assist in your selection to the program. This will help the Program Director and faculty to become better acquainted with you. If additional space is required, please attach additional pages.

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. I understand that any misrepresentation or falsification of information is reason for denial of admission to the Health Sciences Program.

Applicant signature _____ Date _____

This page left blank intentionally.

Indicate below your recommendation of this applicant.

_____ Highly recommend

_____ Recommend

_____ Recommend, but with reservation

_____ Do not recommend

Use the space below to make any additional comments.

(Please print or type the following information)

Name _____

Position/Title _____

Institution _____

Address _____

Telephone _____

Signature _____

Return Form Directly To:

SouthArk

Attn: Michelle Brandon, Health Sciences Division

P.O. Box 7010

El Dorado, AR 71731-7010

Health Sciences Program Recommendation Form

To the Applicant: This recommendation form should be given to an individual who is in a position to comment on your qualifications for entering a Health Sciences Program. Please fill in your name and student Id number below. Give the form to your recommender, along with a postage paid envelope for return mail to the Health Sciences Division.

Name _____ **Student ID** _____

Last
First MI Maiden
(If known)

Check school for which admission is required. Recommendations are not required for the MLS and Phlebotomy program.

_____ Emergency Medical Services
 _____ **Surgical Technology**

To the person making recommendation: The above individual has made application to a Health Science program at South Arkansas Community College. Your assistance in completing this form is appreciated. The information will be used by the Program Director and faculty in the selection of students for admission to the program.

How long have you known the applicant? _____

In what capacity? _____

Rate the applicant in terms of quality by checking the appropriate space listed below.

Characteristics	Superior	Good	Fair	Poor	Unknown	Comments
Intellectual Ability						
Dependability						
Attitude						
Motivation						
Ability to get along with others						
Ethical Behavior						
Self-Confident						
Maturity						
Initiative						
Attendance						
Reaction under Stress						
Honesty						

Indicate below your recommendation of this applicant.

_____ Highly recommend

_____ Recommend

_____ Recommend, but with reservation

_____ Do not recommend

Use the space below to make any additional comments.

(Please print or type the following information)

Name _____

Position/Title _____

Institution _____

Address _____

Telephone _____

Signature _____

Return Form Directly To:

SouthArk
Attn: Michelle Brandon, Health Sciences Division
P.O. Box 7010
El Dorado, AR 71731-7010

Indicate below your recommendation of this applicant.

_____ Highly recommend

_____ Recommend

_____ Recommend, but with reservation

_____ Do not recommend

Use the space below to make any additional comments.

(Please print or type the following information)

Name _____

Position/Title _____

Institution _____

Address _____

Telephone _____

Signature _____

Return Form Directly To:

SouthArk

Attn: Michelle Brandon, Health Sciences Division

P.O. Box 7010

El Dorado, AR 71731-7010

FERPA CONSENT TO RELEASE STUDENT INFORMATION

TO: _____
(Name of College Official and Department)

Please provide information from the educational records of _____
[student's name] to:

_____ [name(s), and if appropriate the relationship to the
student such as "parents" or "prospective employer" or "attorney"]

The only type of information that is to be released under this consent is:

- _____ transcript
- _____ disciplinary records
- _____ recommendations for employment or admission to other schools
- _____ all records
- _____ other (specify) _____

The information is to be released for the following purpose:

- _____ family communications about college experience
- _____ employment
- _____ admission to an educational institution
- _____ other (specify) _____

I understand the information may be released orally or in the form of copies of written records, as preferred by the requester. I have a right to inspect any written records released pursuant to this Consent (except for parents' financial records and certain letters of recommendation for which the student waived inspection rights). I understand I may revoke this Consent prospectively.

Name (print) _____

Signature _____

Student ID Number _____

Date _____

CONFIDENTIALITY AGREEMENT

I, _____, understand all information regarding the admission, diagnosis, and treatment of a patient is absolutely confidential and should be treated as such. All forms of medical and personal information about our patients should be kept as privileged communications intended only for the knowledge of persons in a need-to-know position.

Signature

____/____/____
Date